

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
PO Box 299
Trenton, New Jersey 08625-0299

RESOLUTION

A **RESOLUTION** to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey for Domestic Partnership Coverage in accordance with Chapter 246, P.L. 2003.

BE IT RESOLVED:

1. The _____, _____

Name of Employer
NJ SHBP Location Number

 a participating employer in the State Health Benefits Program, hereby elects to participate in the Domestic Partnership coverage provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the active and retired employees and their domestic partners thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.
2. As a participating employer we will remit to the State Treasury all premiums on account of active and retired employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
3. As a participating employer, we will be responsible for the reporting of active and retired employees' imputed income associated with coverage of domestic partners and will pay all employer federal taxes due on that imputed income.
4. That domestic partnerships must meet the requirements of the Domestic Partnership Act and a *Certificate of Domestic Partnership*, obtained from the State of New Jersey through application to the employee's Local Registrar (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships), must be made available upon request of the employer and/or the State Health Benefits Program.
5. We hereby appoint the _____ to act as

Title

 Certifying Officer in the administration of this program.
6. This resolution shall take effect immediately and coverage shall be effective as of _____

Date

 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

Corporate Name of Employer

Street Address

on the _____ day of _____, 20____.

City State ZIP Code

Signature

Area Code Telephone Number

Official Title